



Animal Control

CITY OF HOLLISTER



Telephone
911 (Emergency)
831-636-4320 (Business)
831-636-4321 (FAX)

375 FIFTH STREET
WEST END OF SOUTH STREET
HOLLISTER, CALIFORNIA 95023
www.hollister.ca.gov
E-mail: shelter@hollister.ca.gov

JULIE CARREIRO
Animal Control
Supervisor

AFFIDAVIT OF COMPLAINT

Date _____ Case Number _____

In order for the Animal Control Division to investigate your complaint, the Animal Control Officer needs to be as certain as possible that the **investigation is based on accurate information**, including the correct individual person responsible for the incident, and the correct animal(s) involved. Please fill out the information as **truthfully** and accurately as possible.

Complaining Party's Name _____
Address _____
City _____ State _____ Zip _____
Telephone (home) _____ (work) _____

Animal Owner's Name _____
Address _____
City _____ State _____ Zip _____
Telephone (home) _____ (work) _____

Description of animal(s):

Breed	Color	Male/ Female	Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

When and Where did the incident happen?

Location of incident _____
Date the incident occurred _____ Time _____ a.m. / p.m.
(If this is a barking dog complaint, list the time last barked and attach your log of dates and times to this Affidavit).

Tell us what happened

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signed _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20____ at Hollister, California.